



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 20 2023
 BY 3302
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Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001730164		2. Exact name of the Corporation 70+ SKI CLUB FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote the fitness of older adults through ski & snowboard activities.			
4. NAICS Code 813410 <input type="checkbox"/>					
6. Principal Office Address 119 Orchard Woods Dr			City Saunderstown	State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Lambert			Director Name Alyssa Lambert		
Street Address 119 Orchard Woods Dr			Street Address 119 Orchard Woods Dr		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Street Address 119 Orchard Woods Dr			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Richard Lambert				Date 03/15/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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